

THE HEALTH CARE PLAN

A Guide to Its Development

INTRODUCTION

As illustrated in the Quality Improvement Overview section of this manual the Health Care Plan (HCP) of an organization is really a health disparities reduction plan. The HCP can make a significant contribution to the clinic, its staff, and the community. It also serves an important role in the application of the Public Health Service (PHS) Section 330 grant funds. In order to meet both of these purposes successfully, the HCP needs to be developed carefully and with some basic principles in mind. This section attempts to clarify the concepts, terms, and processes involved when the clinical staff of a health center set out to develop a HCP.

BACKGROUND

The rules and guidelines that apply to the use of PHS funds are derived ultimately from language and requirements contained in the laws passed by Congress, which authorize programs and appropriate funds. The PHS then translates these laws into regulations which, when approved and in place, also have the force of Law. The Bureau of Primary Health Care (Bureau) Program Expectations document is the basic program guide that translates the regulations into a usable form for the health center. It gives some of the philosophy and reason for the policies which you see in the Single Grant Application.

The Bureau's Program Expectations (see *Bureau of Primary Health Care Program Expectations*) presents the HCP in the following way:

"The health care plan goals and objectives should address the highest priority health care needs of the community served and consider both the role of the health center in the community's system of care and the specific actions the health center will undertake on behalf of their patients and the community. The objectives and action steps should be reasonable, measurable and achievable."

The Single Grant Application document (PIN 98-17) presents the HCP in the following manner:

"In general, this section should be used to outline new plans related to identified community health issues as well as quality improvement activities within the practice. In addition, continuation applicants should report **PROGRESS** and **PERFORMANCE** on goals and objectives. Fiscal, administrative, management information systems and leadership activities are, in general, described in the Business Plan."

The basic structure of a HCP involves the following elements:

- , **Goals:** Relatively broad and expresses a sense of a desired future state or direction. Goals should address identified needs or problems in the community and are usually long term.
- , **Objectives:** Descriptions of desire, measurable, time-limited results or outcomes. These objectives (intended results or outcomes) are measures of progress towards a goal. They can be used to identify an acceptable level of performance or establish criteria for evaluation. The objectives should incorporate health promotion/disease prevention activities and be derived from the results of the needs assessment.
- , **Key Action Steps:** Major activities that must occur to accomplish an objective, i.e., critical actions that must be taken to attain the measurable outcome or end result.
- , **Data Source and Evaluation Method:** The source of data and method used to evaluate progress towards an objective or to identify the actual outcome distinguished in the objective.
- , **Progress/Outcome:** Accomplishments to date; action steps actually taken towards an objective; outcome that have been experienced, quantified/qualified and documents.

These descriptions provide the "official" description of the HCP, what it must contain, and what will be looked for when an application is undergoing a review by the Field Office and the Bureau. Health center staff express frustration when they prepare their HCP and when they have to respond to questions or concerns which are raised during the grant application review process. This guide is an attempt to help resolve those questions and concerns, and help you to better understand the nature of the HCP, its use, and how it is evaluated.

THE IDEA BEHIND THE PLAN

In essence, the HCP is intended to describe "the clinical program, based on the problems identified by the documented needs of the user population." It is intended to be "consistent with the policies of the center's board of directors," and "consistent with the health center's available resources." As noted in Program Expectations, the HCP must also cover the objectives to be achieved, the methods to be used to achieve them, and the evaluation process to be used to see if you are accomplishing what you wanted to.

The HCP is generally presented as a significant section of a full application, so that the final application product covers necessary and important aspects of the program such as:

needs assessment (e.g., what are the problems or issues our community and users are experiencing that we should know about and, if possible, help to relieve?);

resources, including its staffing pattern, its facilities, and its package of clinical services and associated referral or support arrangements (e.g., what do we currently have available to us to help us effectively deal with the problems or issues we have identified?);

progress report (e.g., as we set out to address these issues, or different problems and issues, how successful were we with our plans last year?);

health care plan (e.g., what do we plan to do this year to deal with some of the specific, important problems or issues we have identified in our patient population); and the

budget (e.g., how are we going to pay for the activities that we plan to carry out, and what are we going to buy?).

PROCEEDING TO DEVELOP A HEALTH CARE PLAN

Within this context, the HCP is approached most effectively by listing the health disparities of concern to you or your patients which you might consider working with over the coming grant year. This can be done in a brainstorming session that involves key clinic staff. Next, review the list to see which health disparities are most important (e.g., those which pose a significant threat to your patients, your clinic, or your community) and which ones are most likely to be resolved (e.g., issues which are potentially within your control). It may be necessary to take a large, seemingly overwhelming issue and break it down into smaller pieces which can be worked with in a more manageable way.

Using the list you have developed, follow a series of simple steps to turn each issue into something manageable and meaningful. It is important to take one issue at a time through a logical sequence of steps, which ties together the HCP process. These steps are discussed in detail on the pages which follow. In addition, we have tried to provide sufficient "discussion" and examples, which are highlighted in brackets, to make each of the points clear.

STEPS TO PREPARING A USEFUL PLAN

- , First, **List the HEALTH DISPARITIES**, which gives you a place to start. The list may include either vague or specific information which reflects your current experience or level of knowledge of the issue (e.g., *"It seems to me that there are a lot of babies being born prematurely and underweight in our practice"*, or *"Our audits of the immunization status of our pediatric patients show that 44% of them are not up to date on their shots"*.)
- , Next, **Assess the DATA**; obtain good understanding of "what you know" about the health disparities identified as a concern to you or your staff. Sometimes this will involve analysis of very specific, objective or numerical information. Other times, it will reflect more of a clinical sense or perspective that is not readily quantifiable. Whenever possible, it is best to try to describe the issue in quantifiable terms (e.g., *"While we do not have the numbers yet, all of the clinical staff are aware of having delivered and followed more preterm babies during the past year than we did in previous years, and our contract costs for specialty care have increased by about 50% over the past two years, according to the finance office;"* or *"The audit was conducted in a valid, sound fashion, and we feel confident in our assessment that only 44% of our pediatric patients are up to date on immunizations."*)
- , Then, **Clarify the PROBLEM**, not just the signs that you have observed in the disparity of concern. This should be done in as specific and quantifiable terms as possible so you and others can really get to the focus of what's causing the outcome you have observed or noted, and which you feel can and should be corrected (e.g., *"Knowing that prematurity is often related to inadequate prenatal care, we looked at the data for our patients in the clinic and found that only forty percent of pregnant women coming in for care are doing so in the first and second trimesters. Our problem is delayed entrance into prenatal care."* Or, for immunizations, *"In looking at the data, it became clear that our tracking system was not providing a sufficient prompt for our staff, and patients were not routinely being notified of their children's need to come in for immunizations. Our problem is an ineffective immunization tickler system."*)

The problems you choose to address in your HCP should be consistent with the most significant health problems identified in the needs assessment or project description portion of your grant application as well as specific elements identified in the single grant application. It is expected that you will choose to address the higher priority health problems.

- , You are ready now to **Establish your GOAL**, or the general, ideal direction in which you would like to see your program move, or what it is you would like to see different about your program that would help to eliminate the problem you have now identified (e.g., "*We would like to decrease prematurity and improve pregnancy outcomes by providing prenatal services to more women during their first and second trimesters;*" or "*We would like to establish a more effective and efficient tickler system for our immunization program so more of our pediatric patients are kept current on their shots.*")
- , Now, **Select your OBJECTIVE**, or objectives, for this goal. An objective is the specific, measurable target you feel you can reach during a reasonable time period, with your available resources, as you set out to accomplish the goal you have established for this problem. It is very important to be realistic, and not underestimate what you can accomplish, but at the same time you need to be very careful to avoid setting targets for yourself which are unrealistic in your present circumstances (i.e., "don't bite off more than you can chew"). Unrealistic objectives can lead to discouragement with the whole process, and may not accomplish anything for your program. You may find later that you have miscalculated, or that resources have changed since you set your objectives, making it impossible to reach your targets. **That is OK.** Instead, use that experience to help to adjust your objective, or to make future plans which reflect what you have learned. You can then decide to continue the objective for another year (or whatever period is appropriate), modify your targets, or drop the objective as just not practical. Try to be reasonable as you set these targets for yourself, and you will not have to go through much later adjustment.

To facilitate an assessment of where you are now, versus where you want to go, it is a good idea to provide the current status of the issue or problem for comparison. This baseline information saves you and anyone else who is reading your HCP from having to go back into the needs assessment or the problem statement section to pull out the numbers that you are planning to improve on (e.g., "*By January 1, 1999, we plan to increase the percentage of women coming in for their first prenatal visit during their first or second trimesters to 80%, from our current 55%;*" or "*We plan to improve the immunization status of our pediatric patients such that, by the beginning of 1999, 75% are current for age, and by 2000, 90% are current for age.*")

, To meet the objectives you have decided upon, the next important phase of the process is to **Establish the KEY ACTION STEPS**, or the specific things you can do which will help you meet your objective (e.g., *for the perinatal objective, you might want to increase your outreach efforts and linkages in the community by establishing a case management system for obstetrical patients or to have an outreach worker offer free pregnancy testing to women at risk for late entry into prenatal care. For the immunization objective, you could establish a formal recall mechanism, and assign a staff member responsibility to use that tickler for all patients within a given age group.*) **The action steps need to be specific; they need to spell out exactly what it is you will actually do to accomplish your objectives.** Action steps need to be reasonable, "do-able," and directly related to addressing or resolving the problem that was identified. Action steps need to include an individual WHO is to be responsible for carrying out the step, or at least the contact person who is expected to have current information on the status of the activity. Action steps also need to specify the date WHEN the step should be completed.

, There is one more important step you need to take in drafting your plan. You must **decide on the EVALUATION METHOD** used to assess your progress and the success in meeting the objectives (e.g., *you can note that you will list and/or describe the specific outreach efforts you have undertaken, or the linkages which have been established and taken advantage of; and that you will specify what barriers were identified, and what was done to minimize them; and that you will do a review of all prenatal records, or review the prenatal log, depending on the data collected on that log, to determine the number and percentage of women coming in for their first prenatal visit during their first or second trimester; and this data will be reported to the staff, the administration, and the board. For immunizations, you could note when the tickler will be developed and in place; and that you will either review a sample from the log, or from the records, to see what percentage of your pediatric patients are current on their immunizations. That data would then be reported to the staff, administration, and board.*)

Once you have completed your HCP, it is important to go back over it carefully to be sure it will accomplish your intended goal. Some questions that you should ask are summarized in Figure II, "Questions to Consider When Finalizing the Draft." You should be able to answer YES to all of these questions before you proceed to implement your plan. A good general rule of thumb is that your plan should make just as much sense backwards and it does forward--like a S.O.A.P note.

IMPLEMENTATION OF THE PLAN

Once you are satisfied that your plan will meet the overall needs of your program, your patients or community, and the BPHC reviewers, it is ready to put to use. The steps, which are straightforward, are summarized here.

- , At the implementation stage, you **CARRY OUT** the Action Steps you have planned, making adjustments in the specifics of the implementation process if you find that to be necessary.
- , After the period of time specified in your plan, you will then need to **EVALUATE** Your Progress and Success, using the evaluation plan you prepared when you wrote the HCP.
- , The last stage of the cycle occurs when you take the results of your evaluation and prepare a **PROGRESS REPORT**. The progress report should record the process you followed and provide information to interested parties (in and out of the program) about program status. This information can serve as a starting place for subsequent HCP, carrying on your efforts with higher objectives, or modified objectives based on the experience you have gained and the strengths and weaknesses of last year's approach. If the HCP is prepared in the form of a table, a column for the progress report could be included. This makes completion of the progress report a simple matter the next year, and facilitates any narrative or summaries that need to be prepared.

SUMMARY

The development of your center's HCP is not intended to require new, expensive, or time consuming additional activities on top of an already busy schedule. The Plan should help you to deal in a very concrete, manageable way with problems you and your community are facing, and help to measure your progress in dealing with those problems. A well prepared Plan, and its resulting progress report, should enable you to inform the community, the board, your staff, and various funding agencies (like the Bureau) of the center's progress improving the health disparities of the community.

The intent of this brief guide is to help you understand the "hows" and the "whys" of the HCP. The Quality Improvement Plan/Program should be coordinated with the HCP, and can identify topics addressed by the HCP. These two plans serve two different functions, and should not be confused.

The Quality Improvement Program describes the ***objectives, organization, scope, and mechanisms*** for overseeing the effectiveness of monitoring, evaluating, and problem-solving activities to insure the delivery of quality care.

The quality improvement process may identify problems to be addressed in the HCP, or may be a tool to evaluate effectiveness of the HCP. The HCP is not an appropriate place to plan for the yearly quality improvement activities.

If you have further questions, need further information, or have suggestions for how we could make this guide more useful to you, please feel free to contact the Clinical Support Staff in the Field Office, or your center's Project Officer.

FIGURE I

STEPS TO PREPARING A USEFUL PLAN

FIRST:

List the **ISSUES**

Assess the **DATA and SOURCE**

Identify the **PROBLEM**

Establish your **GOAL**

Select your **OBJECTIVE**

Establish the **KEY ACTION STEPS**

Decide on the **EVALUATION METHOD** Process

NEXT:

CARRY OUT the Action Steps

EVALUATE Your Progress and Success

Prepare a **PROGRESS REPORT**

FIGURE II

QUESTIONS TO CONSIDER WHEN FINALIZING THE DRAFT

1. Do the problems identified clearly relate to the findings of the Needs Assessment, or the results of the Quality Improvement program?
2. Is this year's plan coordinated with last year's plan, addressing objectives that need to be continued, and moving on to new or modified objectives where new problems are identified or where experience dictates a change in approach?
3. Are major community health related issues identified, along with (an) appropriate objective(s) to address each of them?
4. If the center receives migrant health dollars are environmental health risks of MSFWs identified, with appropriate objectives to address each of them?
5. Are the objectives set reasonable? Are they within our program's power to influence?
6. Do the objectives represent progress for our clinic and our patient population, rather than just maintain the status quo?
7. Do we have the resources to invest in this objective? If not, have we established a plan to obtain or gain access to these resources?
8. Are the objectives measurable? Can we quantify whether we are making progress with the objectives?
9. Has someone been designated to be responsible for each objective (or, if appropriate, for each action step) and for carrying out the action steps, or to oversee others' efforts, and to be able to report on the progress of the objective?
10. Has a time frame for completion of the objective (or, if appropriate, for each key action step) been specified?
11. Have the involved, designated staff and the Board agreed with these objectives, and what is to be accomplished?
12. Has the HCP been written so that it is clear, complete, and understandable by others who may wish to read or use it, such as lay members of your Board?